

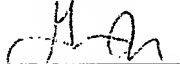


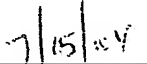
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner for Patents"
P.O. Box 1450
Alexandria, VA 22313-1450

on July 16, 2004


Gerald J. McGowan, Jr.
Reg. No. 29,412


Date of Signature

PATENT

UNUS #01-0161-UNI
CASE #F3274(C)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Spindler et al.
Serial No.: 10/005,677
Filed: December 5, 2001
For: Aerated Compositions, Process and Apparatus for Achieving Such
Aerated Compositions

Group: 1761
Examiner: Nina Bhatt
Edgewater, New Jersey 07020

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 23, 2004, a one month extension of time for response to which is being requested, please consider the following remarks.

Remarks/Arguments begin on page 2 of this paper.

UNITED STATES DEPT. OF COMMERCE
Patent and Trademark Office

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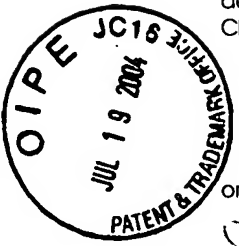
COMMISSIONER FOR PATENTS
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Alexandria, VA 22313-1450

"Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450"

on

GERARD J. MCGOWAN
Reg. No. 29,412
Attorney for Applicant(s)

Date of Signature



In re application of: Spindler et al.
Serial No.: 10/005,677
Filed: December 5, 2001
For: Aerated Compositions, Process and Apparatus for Achieving Such Aerated Compositions

Group: 1761
Examiner: N. Bhatt
Edgewater, New Jersey 07020

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.
(X) No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 86.00	
Multiple Claims					\$ 290.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	

*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

**If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

() Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.
(X) The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

- (X) 37 C.F.R. § 1.16;
- (X) 37 C.F.R. § 1.17;
- (X) 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

GJM/pod
(201) 840-2297

Gerard J. McGowan
Attorney of Record
Reg. #29,412